Form **8871** (July 2000)

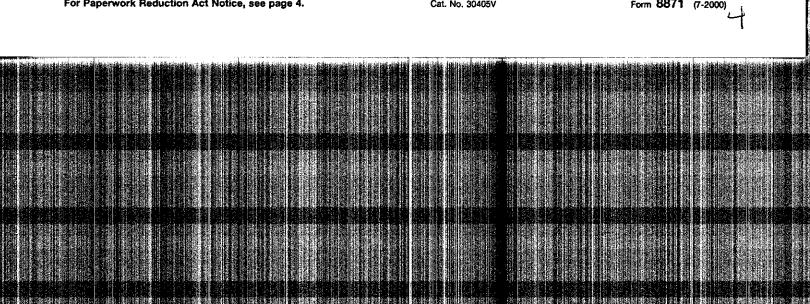
Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

Part I Gener

Part I	General Information								
	organization			.		Fm	ployer identification	on number	
	ANS FOR THORNBURGH] ="	APPLIED	75R	
2 Mailing address (P.O. Box or number, street, and room or suite nur 5825 SW 29TH STREET				mber)		91	-206499		
	own, state, and ZIP code (A, KS 66614								
3 E-mail a	ddress of organization								
4a Name of	custodian of records		dian's address						
MICHAEL H. CALLISON, CPA			5825 SW 29TH STREET TOPEKA, KS 66614						
5a Name of contact person				ct person's ad					
MICHAEL H. CALLISON, CPA			5825 SW 29TH STREET TOPEKA, KS 66614						
6 Business SAME	address of organization (if dif	ferent from mai	ling address	shown above).	Number, stre	eet, and room o	or suite number		
City or to	own, state, and ZiP code								
Part II	urpose				· · · · · · · · · · · · · · · · · · ·				
7 Describe	the purpose of the organization	on							
Part III	List of All Deleted Estimate								
8a Name of	List of All Related Entity	8b Relationsh		8c Addres	<u> </u>				
		- 1101011011011	.,p	00 700/03					
NONE						***************************************		*******	
104.4					\$ B	AUG 0 S	2000		
or Paperwori	Reduction Act Notice, see	page 4.		Cat. No.	30405V	· · · · · · · · · · · · · · · · · · ·	Form 887	1 (7-2000)	



9a Name	9b Title	Compensated Employees (see instructions) 9c Address		
		105 NW GREENWOOD AVE.		
RON THORNBURGH	PRES.	TOPEKA, KS 66606		
MICHAEL II CALLICON ODA		5825 SW 29TH STREET		
MICHAEL H. CALLISON, CPA	TREAS.	TOPEKA, KS 66614		
Under penalties of perjury, I deck Revenue Code, and that I have ex it is true, correct, and complete. Sign Signature of authorized off	4 (all	ed in Part I is to be treated as an organization described in section 527 of accompanying schedules and statements, and to the best of my knowledge July 3 / 2000 Date	and belief,	